

INWOOD HOUSE

We Help Teens Take Charge of Their Lives

INWOOD HOUSE GALA SPONSORSHIP FORM

___ **Visionary Sponsor, \$50,000:**

Reserved premier priority seating for 24 guests
Invitations to a special Honoree Cocktail Reception before dinner
Recognition of company Executive as Honorary Chair
Recognition on front cover of program
Product placement
Signage throughout event and on the Inwood House website

___ **Leader Sponsor, \$30,000:**

Reserved priority seating for 12 guests
Invitations to a special Honoree Cocktail Reception before dinner
Reserved foursome at the Inwood House Golf Invitational in October 2012
Signage throughout events, recognition in event program and on the
Inwood House website

___ **Partner Sponsor, \$25,000:**

Reserved priority seating for 12 guests
Invitations to a special Honoree Cocktail Reception before dinner
Product placement
Signage throughout event, recognition in event program
and on the Inwood House website

___ **Advocate Table, \$15,000:** Reserved priority seating for 12 guests
Invitations to a special Honoree Cocktail Reception before dinner
Signage throughout event, recognition in event program and on the
Inwood House website

___ **Ally Table, \$10,000:** Reserved priority seating for 10 guests
Signage throughout event, recognition in event program, and on the
Inwood House website

___ **Mentor Table, \$7,500:** reserved seating for eight guests
Recognition in event program and on the Inwood House website

Individual Tickets:

___ **\$1,000 Friend**

___ **\$650 Supporter**

___ **\$500 Patron**

___ **\$250 Junior Advisory Council**

Angel Ticket Contribution: ___ **\$250** (100% tax-deductible, underwrites cost of Inwood House youth to attend).

Name and Title: _____

Company Name: _____

(Please specify how you would like your company to be listed on the invitation & signage)

Email: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Your table or ticket payment is tax deductible, less \$220 per person.

Billing Information
(if different from above)

Name: _____ Title _____

Company _____

Billing Address & Email:

Please indicate method of payment:

Company Check

Personal Check

Credit Card: American Express MasterCard, or Visa

Credit Card Information, please complete:

Name on Credit Card _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Credit Card Billing Address: _____

PLEASE RETURN BY EMAIL, FAX OR MAIL TO:

April McKenzie-Griswold

Manger of External Affairs and Volunteer Programs

Inwood House, 114 West 26th Street, New York, NY 10001

212-861-4400 ext 8064/ 212-861-3791 (fax)

events@inwoodhouse.com

Our sincerest thanks for your support!

Inwood House Gala

Wednesday, March 7th 2012

6:30 - 10:00pm

Cipriani Wall Street

55 Wall Street (Between William & Hanover Street)

New York, NY 10005

Your table or ticket payment is tax deductible, less \$220 per person.